

**TOWN OF HILTON HEAD ISLAND**  
**Plan Review Information**

**Application #: B** \_\_\_\_\_

Owner name: _____		Contractor name: _____						
Address of property: _____		Contact phone number: _____	Relationship: _____					
D/M/P: R _____	Flood Zone: _____	FEC: Y <input type="checkbox"/> N <input type="checkbox"/>	Year built: _____					
Elevation of existing structure: _____								
<table> <tr> <td colspan="2"><b>Appraised Value of Structure only</b></td> <td rowspan="2"> <b>Total Value of Construction include all renovations, additions, reconstructions and demolitions, overhead and profit:</b>  <b>Total Value of Construction:</b>            \$ _____         </td> </tr> <tr> <td>Tax records \$ _____</td> <td>Certified Appraisal: \$ _____</td> </tr> </table>				<b>Appraised Value of Structure only</b>		<b>Total Value of Construction include all renovations, additions, reconstructions and demolitions, overhead and profit:</b> <b>Total Value of Construction:</b> \$ _____	Tax records \$ _____	Certified Appraisal: \$ _____
<b>Appraised Value of Structure only</b>		<b>Total Value of Construction include all renovations, additions, reconstructions and demolitions, overhead and profit:</b> <b>Total Value of Construction:</b> \$ _____						
Tax records \$ _____	Certified Appraisal: \$ _____							
<b>Complete narrative description of work to be performed including demolition. Complete the estimates on the back side of this form.:</b> <i>The costs associated with demolition will be taken into consideration in reviewing this application. The total value of the construction must also include labor, overhead, profit and any miscellaneous costs.</i>								
Electrical work: \$ _____	Description:							
Plumbing work: \$ _____	Description:							
HVAC work \$ _____:	Description:							

Application #:

Items	Value- Labor and Material
Spread or continuous foundations, footings, pilings	\$
Monolithic or other concrete slabs	\$
Bearing walls, tie beams, trusses	\$
Floors, ceilings	\$
Attached decks, porches	\$
Interior partition walls	\$
Exterior wall finishes (brick, stucco, siding, painting, decorative moldings)	\$
Windows, doors	\$
Re-shingling, retiling roof, sheathing, rafters	\$
Hardware	\$
Interior tiling, linoleum, stone, carpet	\$
Bathroom tiling, fixtures	\$
Wall finishes (drywall, painting, stucco, plaster, paneling, marble, decorative finishes)	\$
Kitchen, utility and bathroom cabinets	\$
Built-in bookcases, cabinets , appliances or furniture	\$
Hardware	\$
HVAC equipment, duct work	\$
Repair or reconstruction of plumbing and electrical	\$
Security systems, fire systems, central vacuum systems, auto motion systems	\$
Water filtration, conditioning, or recirculation systems	\$
Costs associated with removing or altering building components (demolition)	\$
Miscellaneous costs	\$
<i>(Include the value of all labor, materials, overhead and profits in this figure)</i> <b>TOTAL</b>	<b>\$</b>

I certify that the information on this form is complete and accurate.

Owner or Authorized Agent for Owner: \_\_\_\_\_

Date: \_\_\_\_\_

*Please complete both the owner and contractor affidavits for submission with your application.*